

PTO/SB/22 (03-03)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 15270J-004743US
In re Application of SCHENK, Dale B.		
Application Number 09/724,319	Filed November 27, 2000	
For PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE		
Art Unit 1647	Examiner Nichols	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☐ One month (37 CFR 1.17(a)(1)) \$
☐ Two months (37 CFR 1.17(a)(2)) \$
☐ Three months (37 CFR 1.17(a)(3)) \$
☐ Four months (37 CFR 1.17(a)(4)) \$
☒ Five months (37 CFR 1.17(a)(5)) \$2010

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$.
☐ A check in the amount of the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

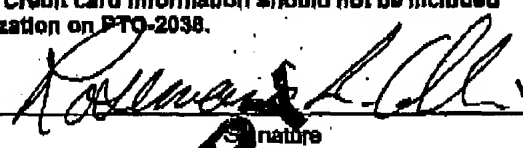
I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).
☒ attorney or agent of record.. Registration Number 42,397
☐ attorney or agent under 37 CFR 1.34(a).
 Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

January 7, 2004

 Date



 Signature
 Rosemary Bell, Reg. No. 42,397

 Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

PTO/SB/22 (08-03)

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<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2010

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☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

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I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

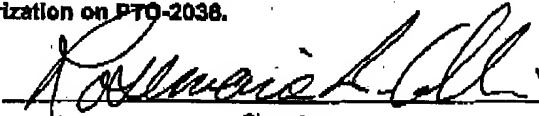
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January 7, 2004

Date



Signature

Rosemarie L. Celli, Reg. No. 42,397

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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